

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Parkview Hospital  
Rita Houston  
1720 Beacon St.  
Fort Wayne, IN 46805  
  
9590 9403 0285 5155 5969 09

2. Article Number (Transfer from service label)

2015 0640 0007 8471 8903

PS Form 3811, April 2015 PSN 7530-02-000-9053

A. Signature

X

B. Received by (Printed Name)

T. DeWeice

Agent  
 Addressee

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Per USPS T&C 9/16/16  
USMS N/IN 19 SEP '16 PM 3:12

3. Service Type

Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Restricted Delivery

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

46806

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

USMS N/IN 26 AUG '16 PM 1:20

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process 2/2 District of Origin No. 27 District to Serve No. 27

Signature of Authorized USMS Deputy or Clerk

Date

9/13/16

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 9/16/2016 Time  am  pm

Signature of U.S. Marshal or Deputy

Service Fee \$800	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: 9/13/16 Sent Certified

PRINT 5 COPIES:

- CLERK OF THE COURT
- USMS RECORD
- NOTICE OF SERVICE
- BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED